



Elder and Long Term Care Committee

**Wednesday, March 15, 2006
10:00 AM – 11:00 AM
Reed Hall (102 HOB)**

Meeting Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Speaker Allan G. Bense

Elder & Long-Term Care Committee

Start Date and Time: Wednesday, March 15, 2006 10:00 am

End Date and Time: Wednesday, March 15, 2006 11:00 am

Location: Reed Hall (102 HOB)

Duration: 1.00 hrs

Consideration of the following bill(s):

HB 7043 Review under the Open Government Sunset Review Act regarding Long-term Care Services by Governmental Operations Committee

Presentation by H. Lee Moffitt Cancer Center on Geriatric Oncology Program

NOTICE FINALIZED on 03/13/2006 12:26 by MANNING.KAREN



House of Representatives

Elder and Long Term Care Committee

A G E N D A

**March 15, 2006
10:00 AM – 11:00 AM
Reed Hall (102 HOB)**

- I. Opening Remarks by the Chair
- II. Consideration of the following bill(s):
HB 7043 Review under the Open Government Sunset Review Act regarding Long-term Care Services by Governmental Operations Committee
- III. Presentation by H. Lee Moffitt Cancer Center on Geriatric Oncology Program
- IV. Closing Remarks by the Chair
- V. Adjournment

HB 7043

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 7043 **PCB GO 06-18** OGSR Long-term Care Services
SPONSOR(S): Governmental Operations Committee, Rivera
TIED BILLS: None **IDEN./SIM. BILLS:** SB 514

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
Orig. Comm.: Governmental Operations Committee	6 Y, 0 N	Brazzell/Williamson	Williamson
1) Elder & Long-Term Care Committee		Walsh <i>7W</i>	Walsh <i>7W</i>
2) State Administration Council			
3)			
4)			
5)			

SUMMARY ANALYSIS

The Open Government Sunset Review Act requires the Legislature to review each public records and each public meetings exemption five years after enactment. If the Legislature does not reenact the exemption, it automatically repeals on October 2nd of the fifth year after enactment.

The bill reenacts the public records exemption for personal identifying information that relates to an individual's health or eligibility or receipt of health-related, elder care, or long-term care services. The exemption will repeal on October 2, 2006, if this bill does not become law.

The bill may have a minimal non-recurring positive fiscal impact on state government. The bill does not appear to have a fiscal impact on local government.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

This bill does not appear to implicate any of the House Principles.

B. EFFECT OF PROPOSED CHANGES:

Background

The Department of Elderly Affairs (DOEA) is tasked with a variety of responsibilities, including serving as the primary state agency responsible for administering human services programs for the elderly¹ and promoting the maintenance and improvement of the physical well-being and mental health of elderly persons.² To accomplish these purposes, the DOEA offers a variety of services. Some services first require an individual to submit personal information regarding his or her identity, physical health, and financial resources in order to determine eligibility and to arrange for receipt of services.³

In 2001, the Legislature enacted s. 430.105, F.S., which consolidated a number of the DOEA's public records exemptions. Personal identifying information relating to an individual's health or eligibility for or receipt of health-related, elder care or long-term care services is confidential and exempt⁴ from public records requirements. Such information may not be disclosed publicly unless the affected client or elder person or his or her legal representative provides written consent. Pursuant to the Open Government Sunset Review Act,⁵ the exemption will repeal on October 2, 2006, unless reenacted by the Legislature.

Effect of Bill

The bill removes the repeal date, thereby reenacting the public records exemption. It also makes editorial changes and removes superfluous language.

C. SECTION DIRECTORY:

Section 1 amends s. 430.105, F.S., to remove the October 2, 2006, repeal date.

Section 2 provides an effective date of October 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

This bill does not create, modify, amend, or eliminate a state revenue source.

¹ Section 430.03(1), F.S.

² Section 430.03(11), F.S.

³ For example, the DOEA states its nursing home pre-admission screening program involves medical and functional assessments of potential clients.

⁴ There is a difference between records that are exempt from public records requirements and those that are *confidential* and exempt. If the Legislature makes a record confidential and exempt, such record cannot be released by an agency to anyone other than to the persons or entities designated in the statute. See Attorney General Opinion 85-62. If a record is simply made exempt from disclosure requirements, an agency is not prohibited from disclosing the record in all circumstances. See *Williams v. City of Minneola*, 575 So.2d 683, 687 (Fla. 5th DCA), review denied, 589 So.2d 289 (Fla. 1991).

⁵ Section 119.15, F.S.

2. Expenditures:

The bill may represent a minimal non-recurring positive impact on state expenditures. A bill enacting or amending a public records exemption causes a non-recurring negative fiscal impact in the year of enactment because of training employees responsible for replying to public records requests. In the case of bills reviewed under the Open Government Sunset Review process, training costs are incurred if the bill does not pass or if the exemption is amended, as retraining is required. Because the bill eliminates the repeal of the exemption, state government may recognize a minimal nonrecurring decrease in expenditures because employee-training activities are avoided.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

This bill does not create, modify, amend, or eliminate a local revenue source.

2. Expenditures:

This bill does not create, modify, amend, or eliminate local expenditures.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Open Government Sunset Review Act

The Open Government Sunset Review Act sets forth a legislative review process for newly created or substantially amended public records or public meetings exemptions. It requires an automatic repeal of the exemption on October 2nd of the fifth year after creation or substantial amendment, unless the Legislature reenacts the exemption.

The Act provides that a public records or public meetings exemption may be created or maintained only if it serves an identifiable public purpose, and may be no broader than is necessary to meet one of the following purposes:

- Allowing the state or its political subdivisions to effectively and efficiently administer a governmental program, which administration would be significantly impaired without the exemption;
- Protecting sensitive personal information that, if released, would be defamatory or would jeopardize an individual's safety. However, only the identity of an individual may be exempted under this provision; or,
- Protecting trade or business secrets.

If, and only if, in reenacting an exemption that will repeal, the exemption is expanded (essentially creating a new exemption), then a public necessity statement and a two-thirds vote for passage are required because of the requirements of Art. 1, s. 24(c), Florida Constitution. If the exemption is reenacted with grammatical or stylistic changes that do not expand the exemption, if the exemption is narrowed, or if an exception to the exemption is created (e.g., allowing another agency access to the confidential or exempt records), then a public necessity statement and a two-thirds vote for passage are not required.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

None.

HB 7043

2006

1 A bill to be entitled

2 An act relating to a review under the Open Government
3 Sunset Review Act regarding long-term care services;
4 amending s. 430.105, F.S., which provides an exemption
5 from public records requirements for personal identifying
6 information in a record held by the Department of Elderly
7 Affairs that relates to an individual's health or
8 eligibility for or receipt of health-related, elder care,
9 or long-term care services; making editorial changes;
10 removing superfluous language; removing the scheduled
11 repeal of the exemption; providing an effective date.

12
13 Be It Enacted by the Legislature of the State of Florida:

14
15 Section 1. Section 430.105, Florida Statutes, is amended
16 to read:

17 430.105 Confidentiality of information.--

18 (1) Personal identifying information in a record held by
19 the department that relates relating to an individual's health
20 or eligibility for or receipt of health-related, elder care, or
21 long-term care services received as a result of services
22 rendered under any program administered or funded by the
23 department is confidential and exempt from the provisions of s.
24 119.07(1) and s. 24(a), Art. I of the State Constitution, except
25 as otherwise provided by law. Such information may be contained
26 in records created by or received by the department or its
27 service providers or obtained through files, reports,
28 inspections, or otherwise by employees of the department,

Page 1 of 2

CODING: Words stricken are deletions; words underlined are additions.

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F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

HB 7043

2006

29 persons who volunteer services through programs administered by
30 the department or its contract providers, or by contract
31 providers. Such information made confidential and exempt from
32 the public records law under this section may not be disclosed:

33 (1) To another governmental entity for the purpose of
34 administering the department's programs for the elderly; or
35 (2) If publicly unless the affected individual client or
36 elder person or his or her legal representative provides written
37 consent.

38 (2) This section is subject to the Open Government Sunset
39 Review Act of 1995, in accordance with s. 119.15, and shall
40 stand repealed on October 2, 2006, unless reviewed and saved
41 from repeal through reenactment by the Legislature.

42 Section 2. This act shall take effect October 1, 2006.

Presentation by
H. Lee Moffitt
Cancer Center

House Elder Affairs Committee
March 15, 2006



H. Lee Moffitt Cancer Center & Research Institute

W. Michael Alberts, M.D., MBA, FACP, FCCP

Chief Medical Officer

H. Lee Moffitt Cancer Center
& Research Institute

Professor of Oncology & Medicine
Department of Interdisciplinary Oncology
University of South Florida
College of Medicine



Moffitt Has One Mission:

*To contribute to the prevention
& cure of cancer*



Moffitt became a National Cancer Institute-designated Comprehensive Cancer Center in 2001.

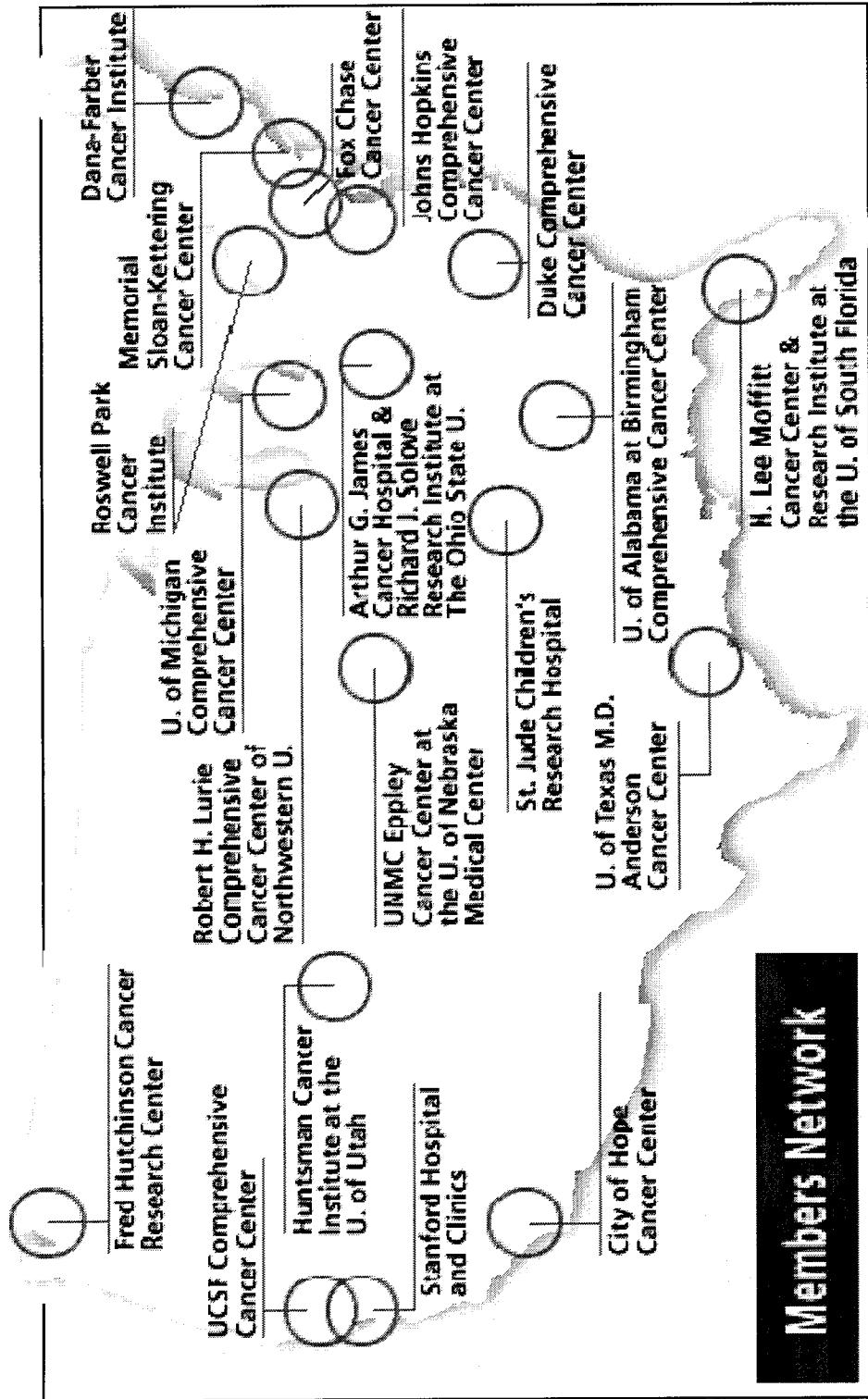


Where we are today.....

- ◆ One of only 39 National Cancer Institute designated Comprehensive Cancer Centers in the United States
- ◆ One of 5 NCI-designated Comprehensive Cancer Centers in the southeast. (Others are University of Alabama at Birmingham, University of North Carolina Chapel Hill, Duke University Medical Center, and Wake Forest University.)
- ◆ Member of National Comprehensive Cancer Network



National Comprehensive Cancer Network®



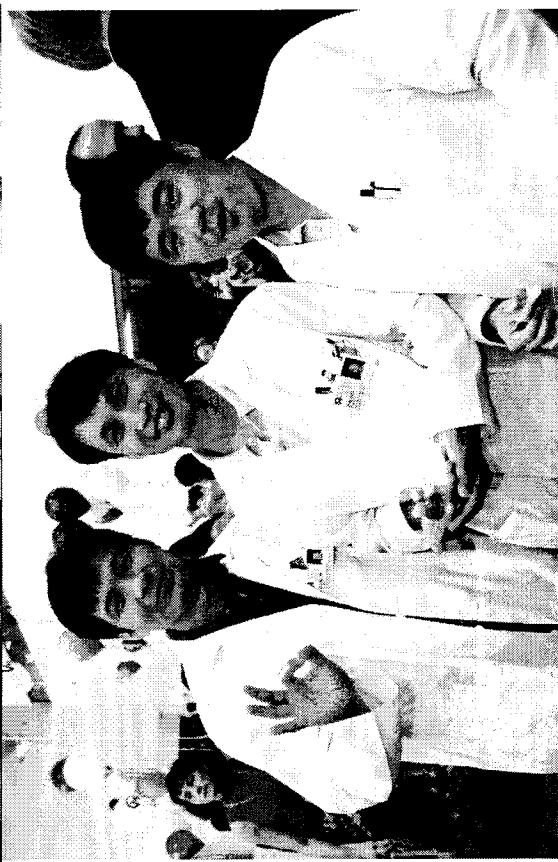
Phenomenal Growth from 1994-2005

- ◆ Outpatient visits increased from 70,418 to 212,542 (201%)
- ◆ Admissions increased from 4,057 to 6,273 (55%)
- ◆ Research faculty/staff increased from 50 to 613 (1,126%)
- ◆ Grant dollars soared from \$3.7 million to more than \$44 million in peer-reviewed funding (980%)



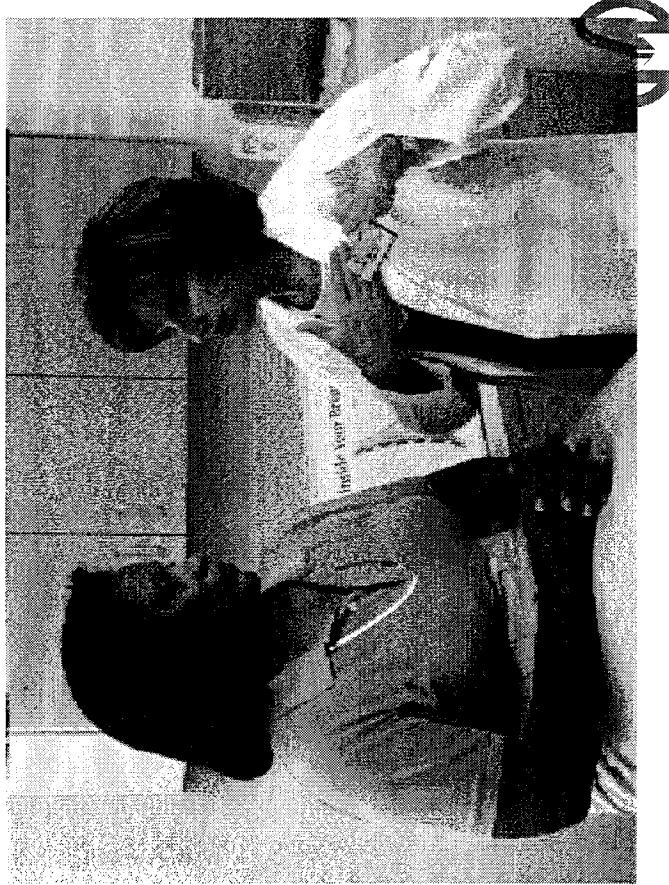
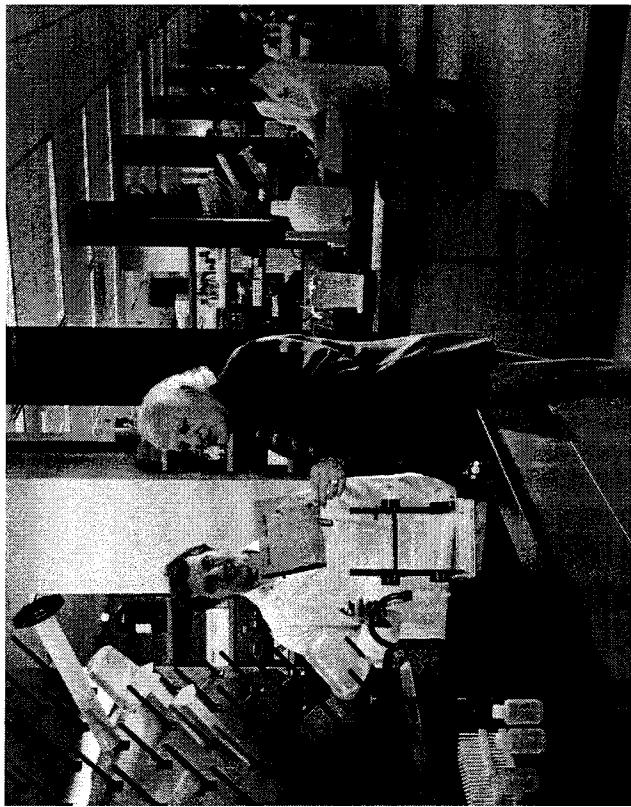
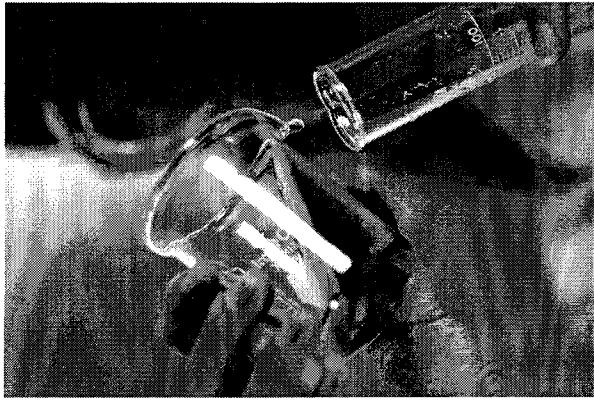
Moffitt's Team Approach to Research

Interdisciplinary research is conducted by teams, where scientists from a broad variety of disciplines join together to contribute to the prevention and cure of cancer.



Research Trials at Moffitt

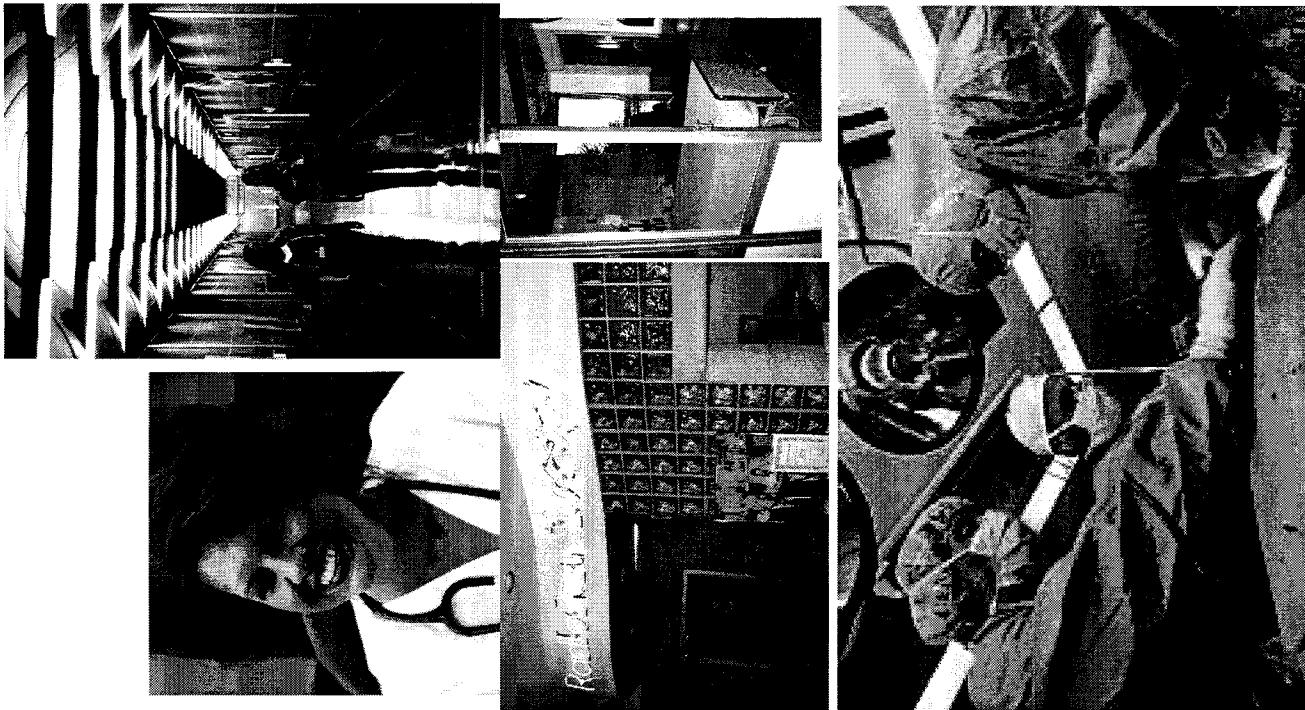
Moffitt is participating in more than 641 clinical trials that reflect a multitude of specific new treatment modalities while others investigate prevention and early detection in molecular changes in cells. Of these, 192 trials are actively enrolling patients.



Clinical Facilities

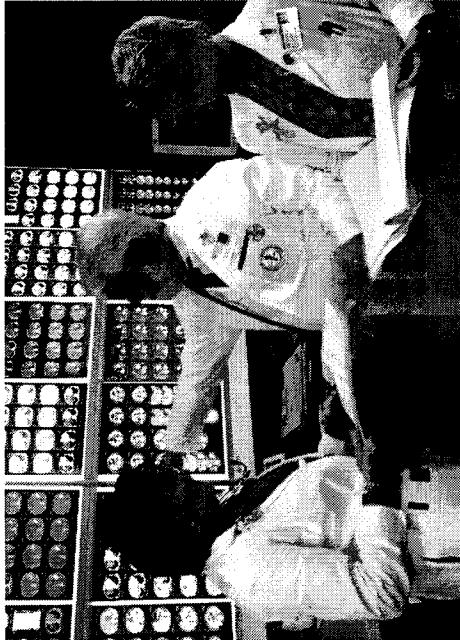
◆ Full service hospital

- Licensed for 162 beds
- 26-bed BMT unit
- 11 operating rooms
- Diagnostic radiology, MRI,
PET/CT & Digital
Mammography capabilities,
plus radiation therapy with 5
linear accelerators (average
of 130 patients per day)

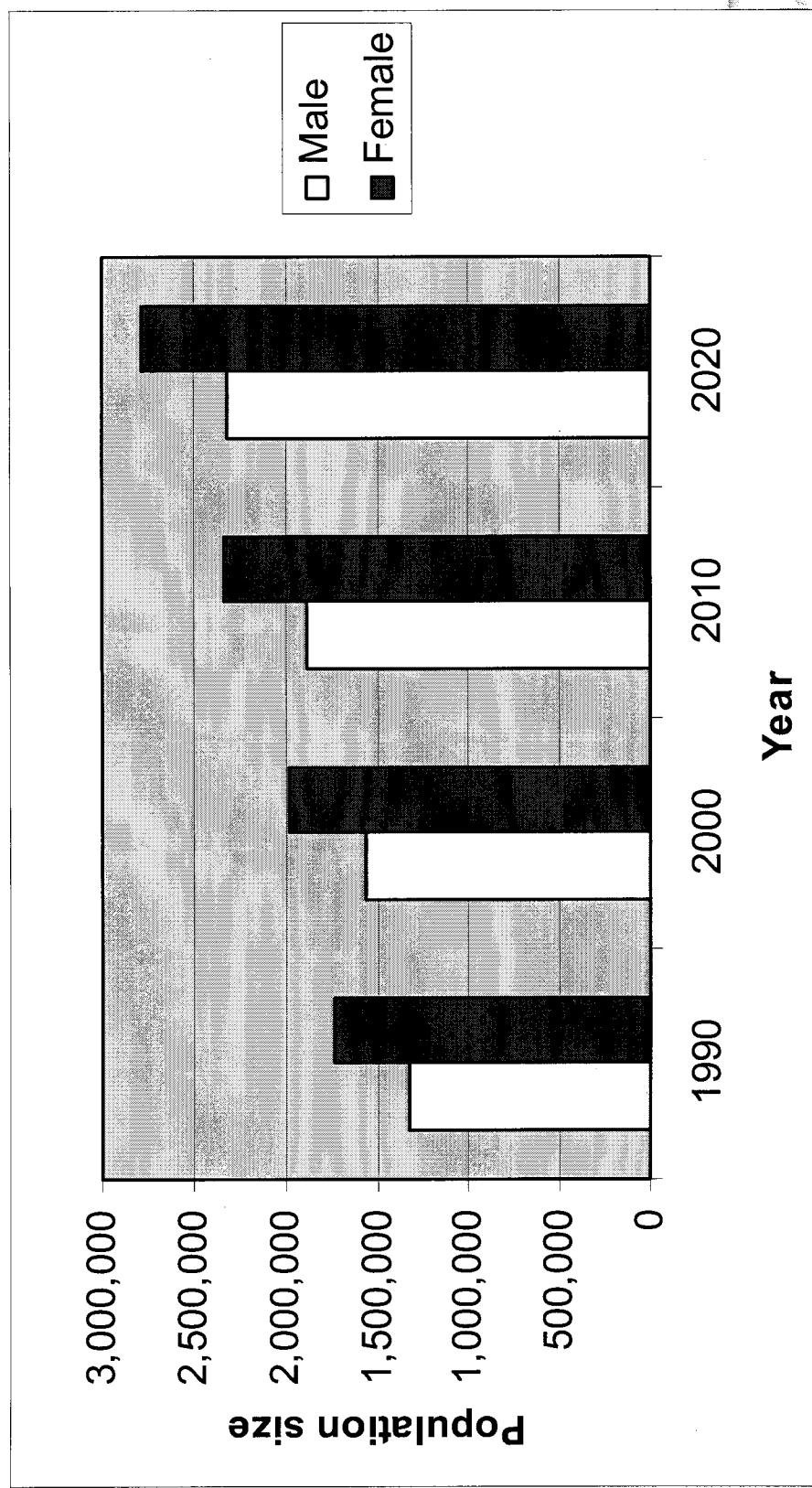


Multidisciplinary Clinical Programs

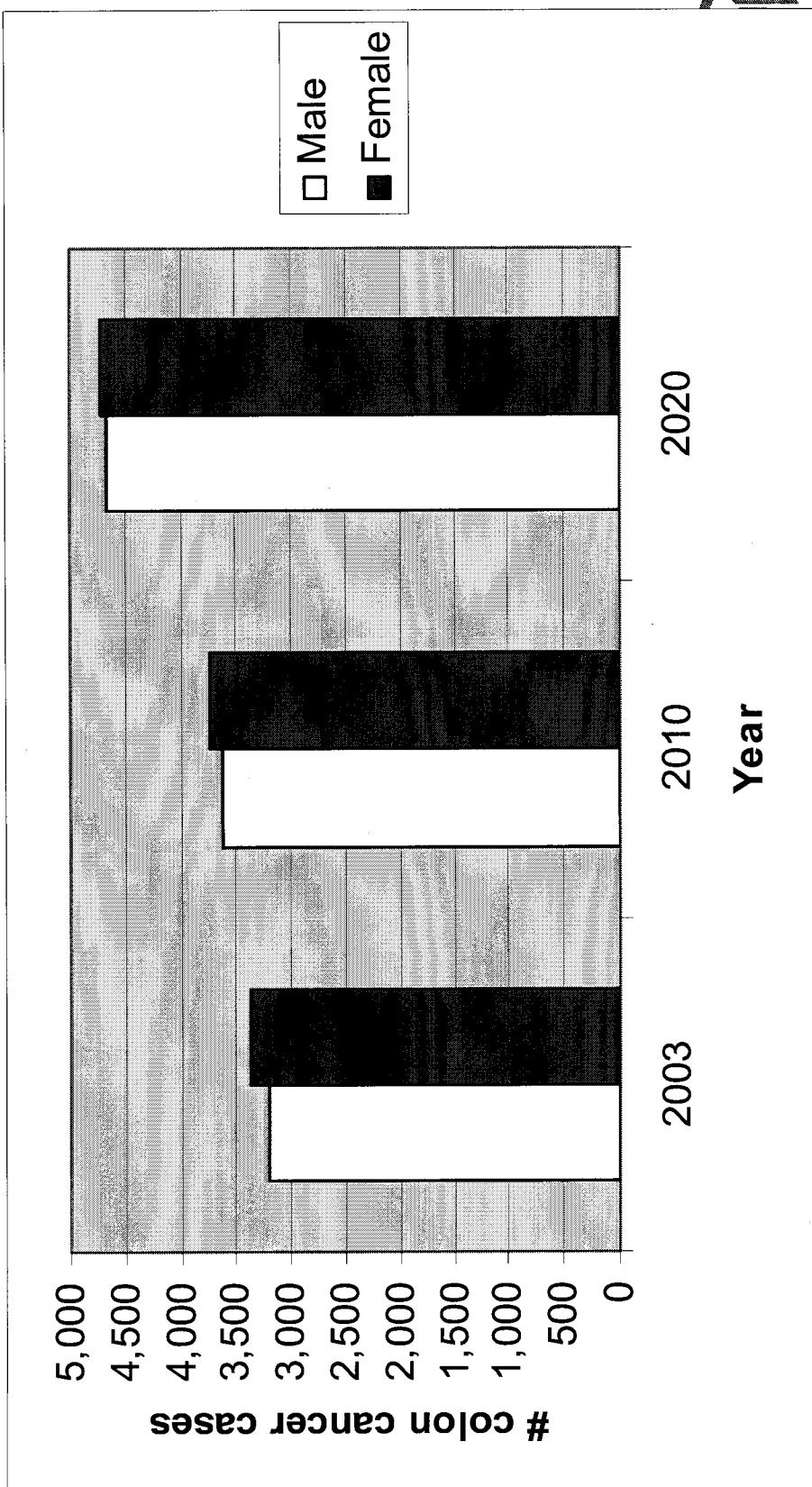
- ◆ Blood & Marrow Transplantation
- ◆ Don & Erika Wallace Comprehensive Breast Program
- ◆ Cutaneous Oncology
- ◆ Gastrointestinal Malignancies
- ◆ Genitourinary Oncology
- ◆ Gynecologic Oncology
- ◆ Head & Neck Oncology
- ◆ Hematologic Malignancies
- ◆ Internal and Hospital Medicine
- ◆ Neuro-Oncology
- ◆ Psychosocial & Palliative Care
- ◆ Sarcoma
- ◆ Senior Adult Oncology
- ◆ Thoracic Oncology



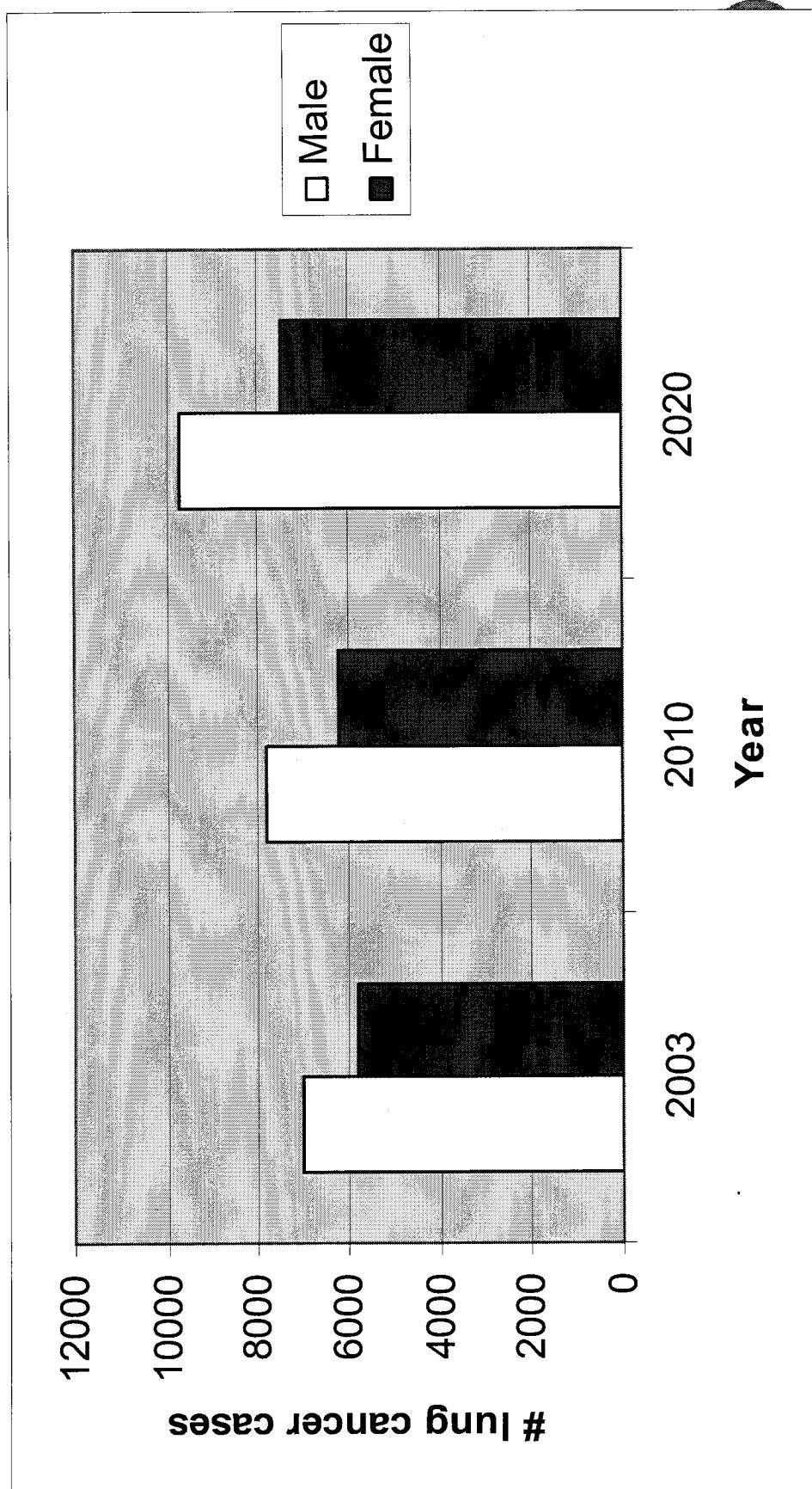
Projected population growth for adults ages 60+ years, Florida, 1990-2020



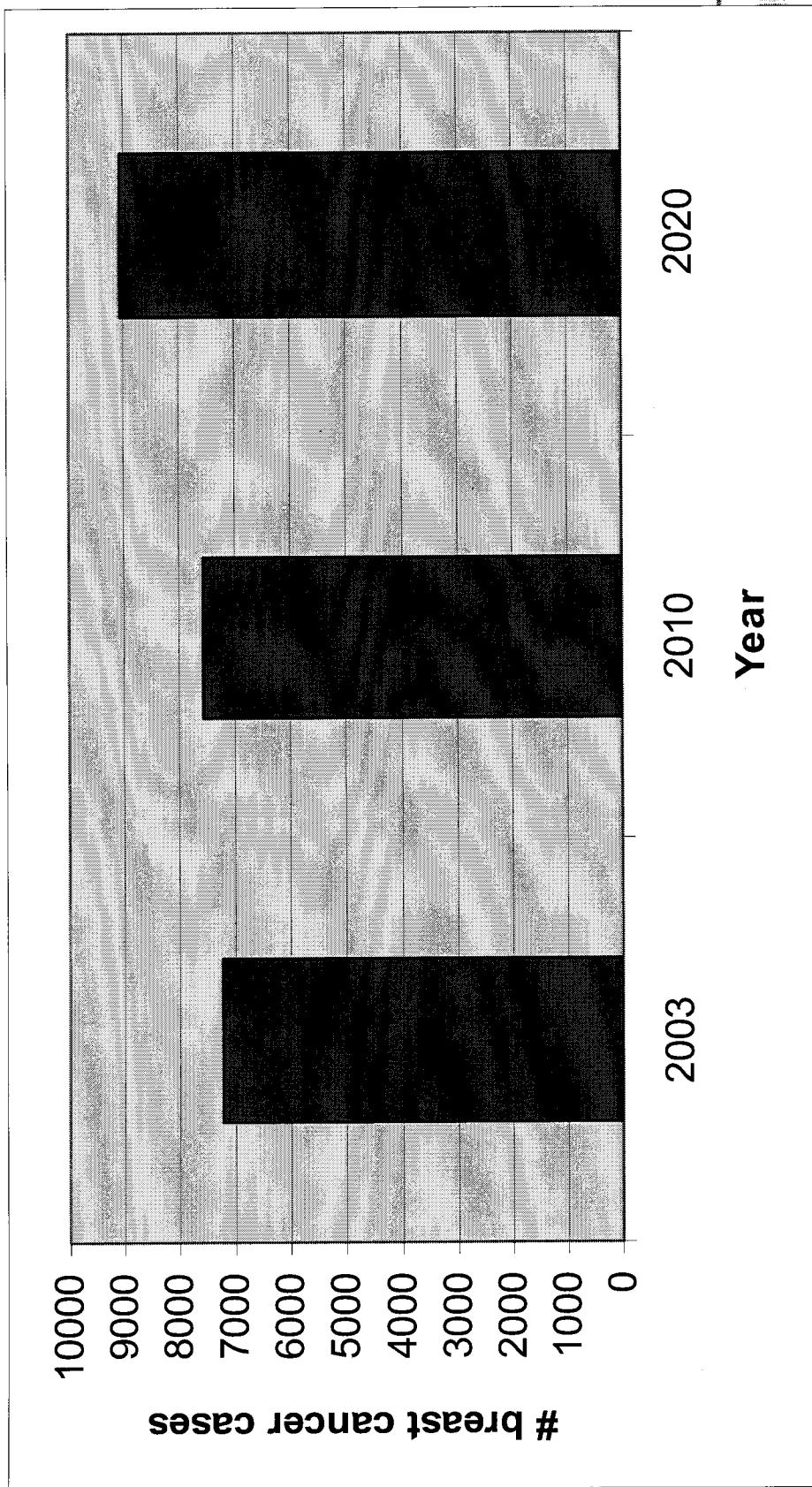
Projected numbers of colon cancer cases in adults ages 60+ years, Florida, 2003-2020



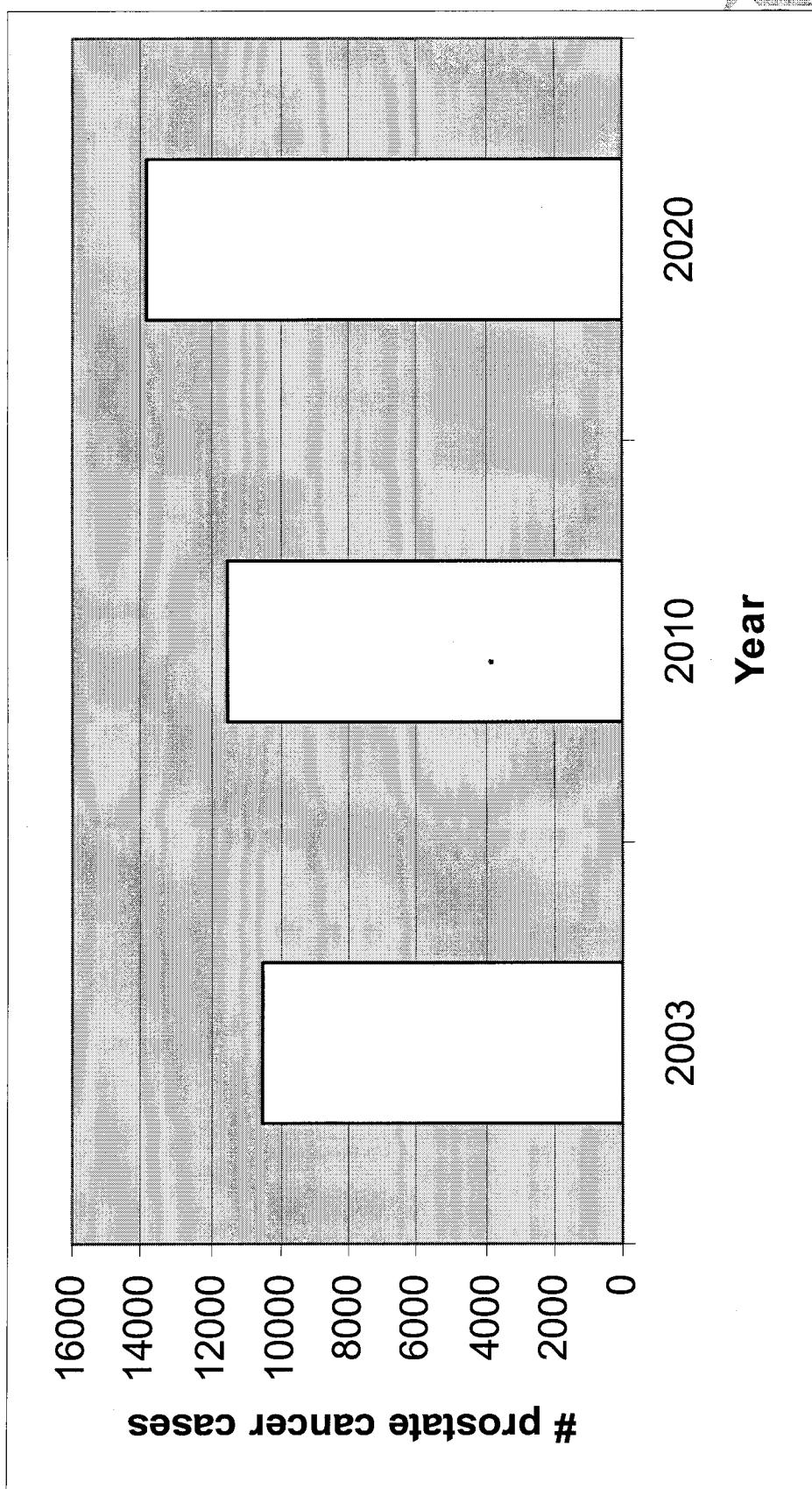
Projected numbers of lung cancer cases in adults ages 60+ years, Florida, 2003-2020



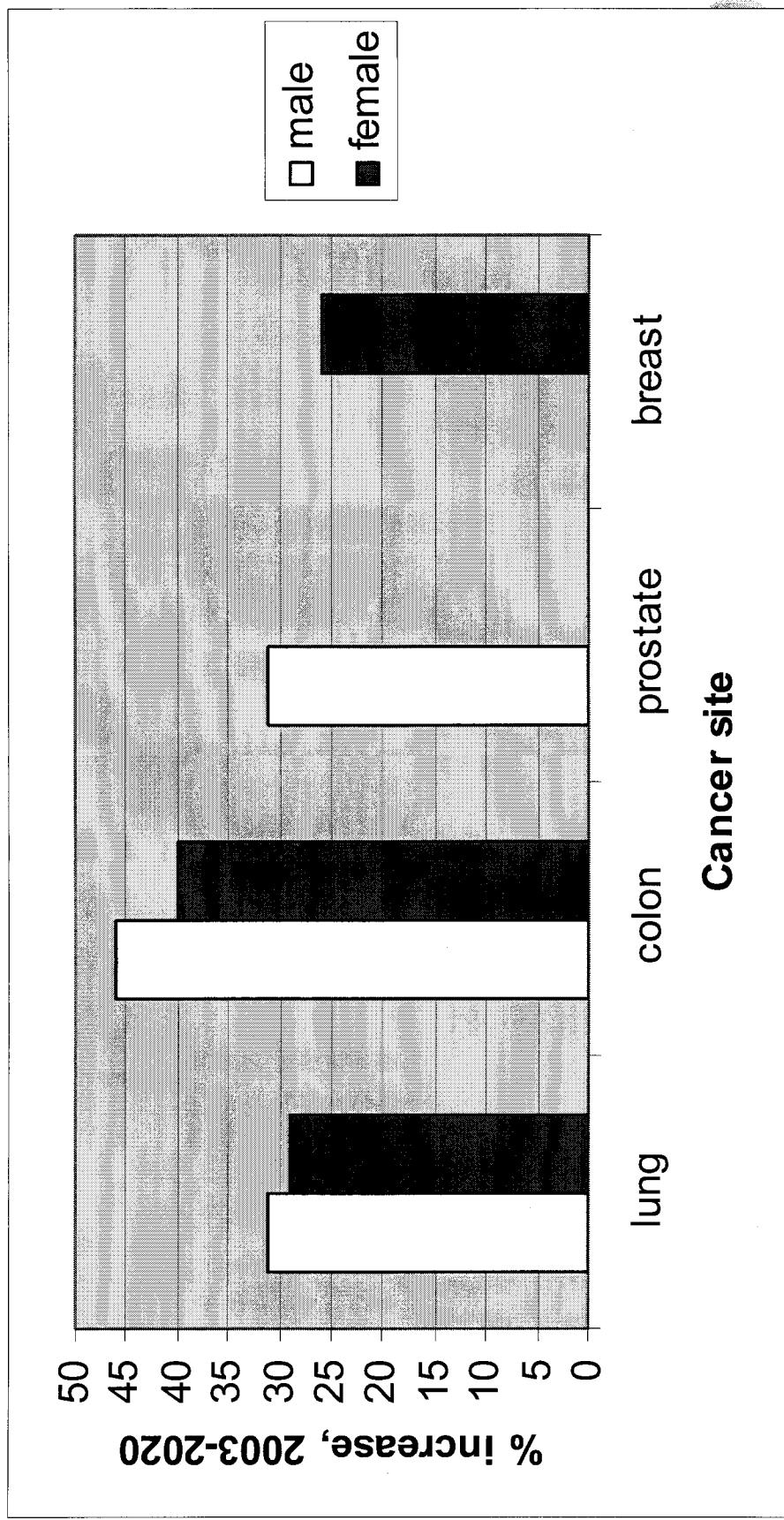
Projected numbers of breast cancer cases in women ages 60+ years, Florida, 2003-2020



**Projected numbers of prostate cancer
cases in men ages 60+ years,
Florida, 2003-2020**



Projected % increases in the number of cancer cases in adults ages 60+ years, Florida, 2003-2020



Lodovico Balducci, M.D.

Chief, Senior Adult Oncology

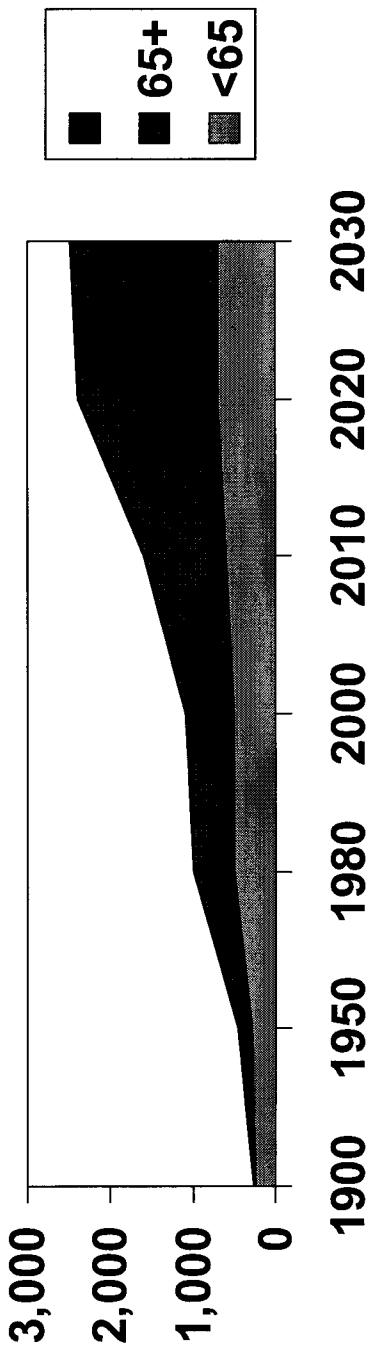
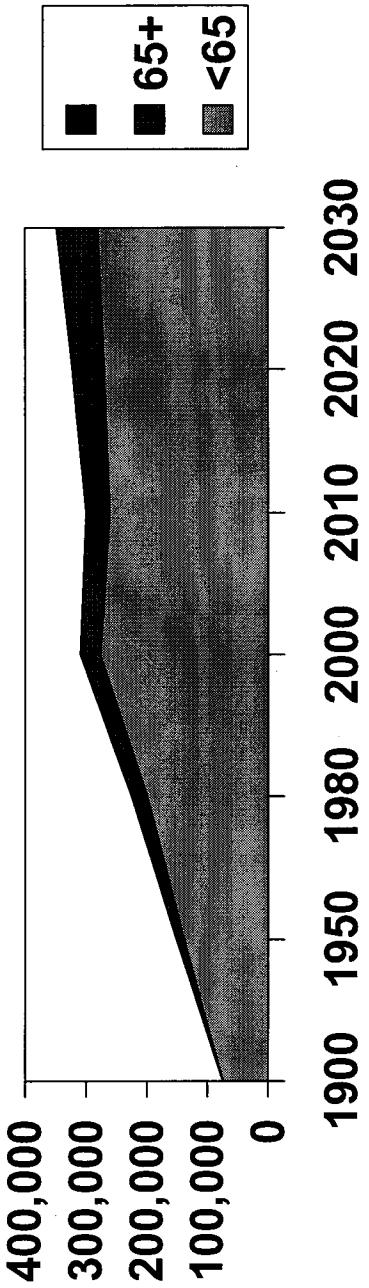
H. Lee Moffitt Cancer Center
& Research Institute

Professor of Oncology & Medicine
Department of Interdisciplinary Oncology
University of South Florida
College of Medicine





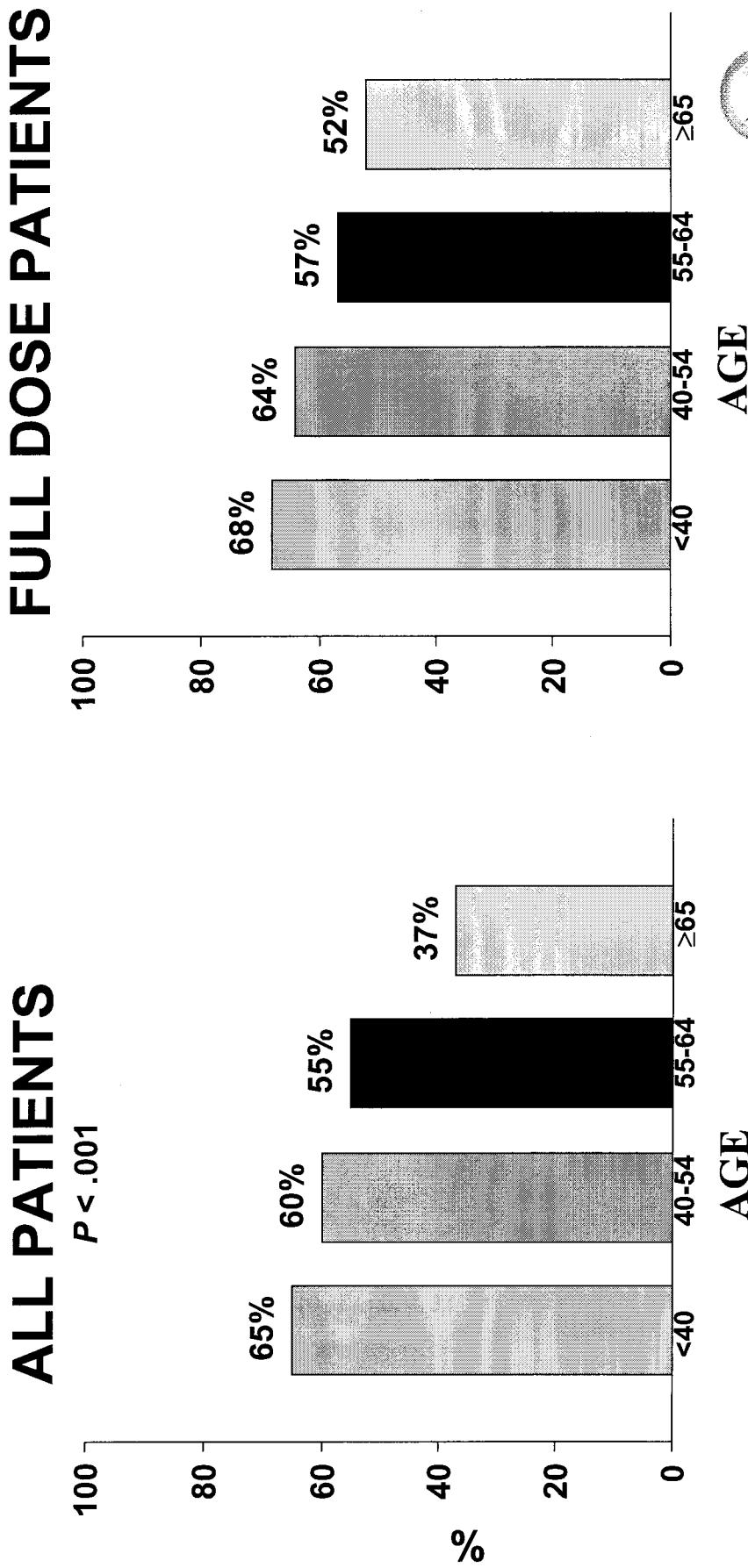
Cancer and aging: growth of the population



Yancik et al, Semin Oncol, 2004



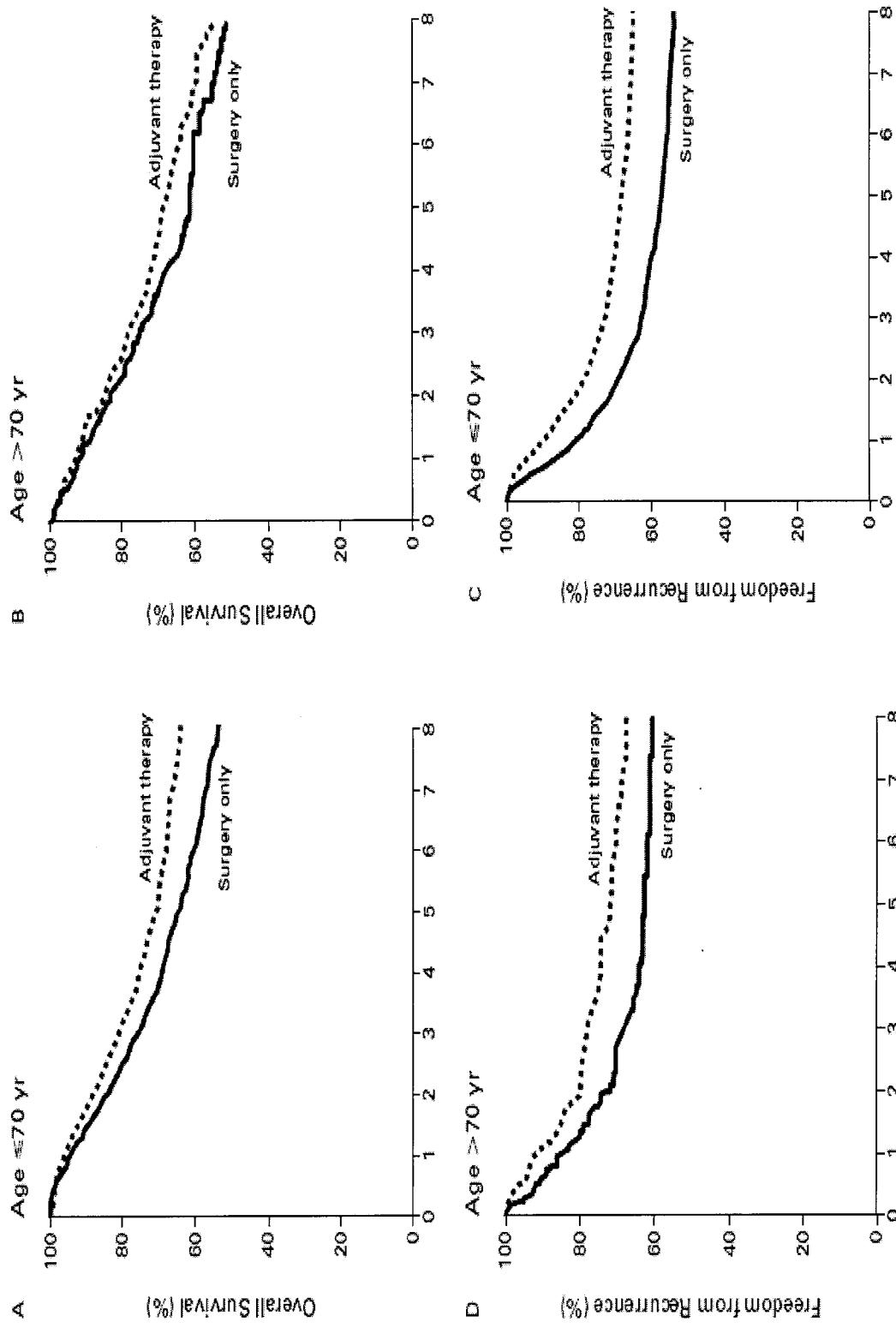
IMPORTANCE OF DOSE COMPLETE RESPONSE



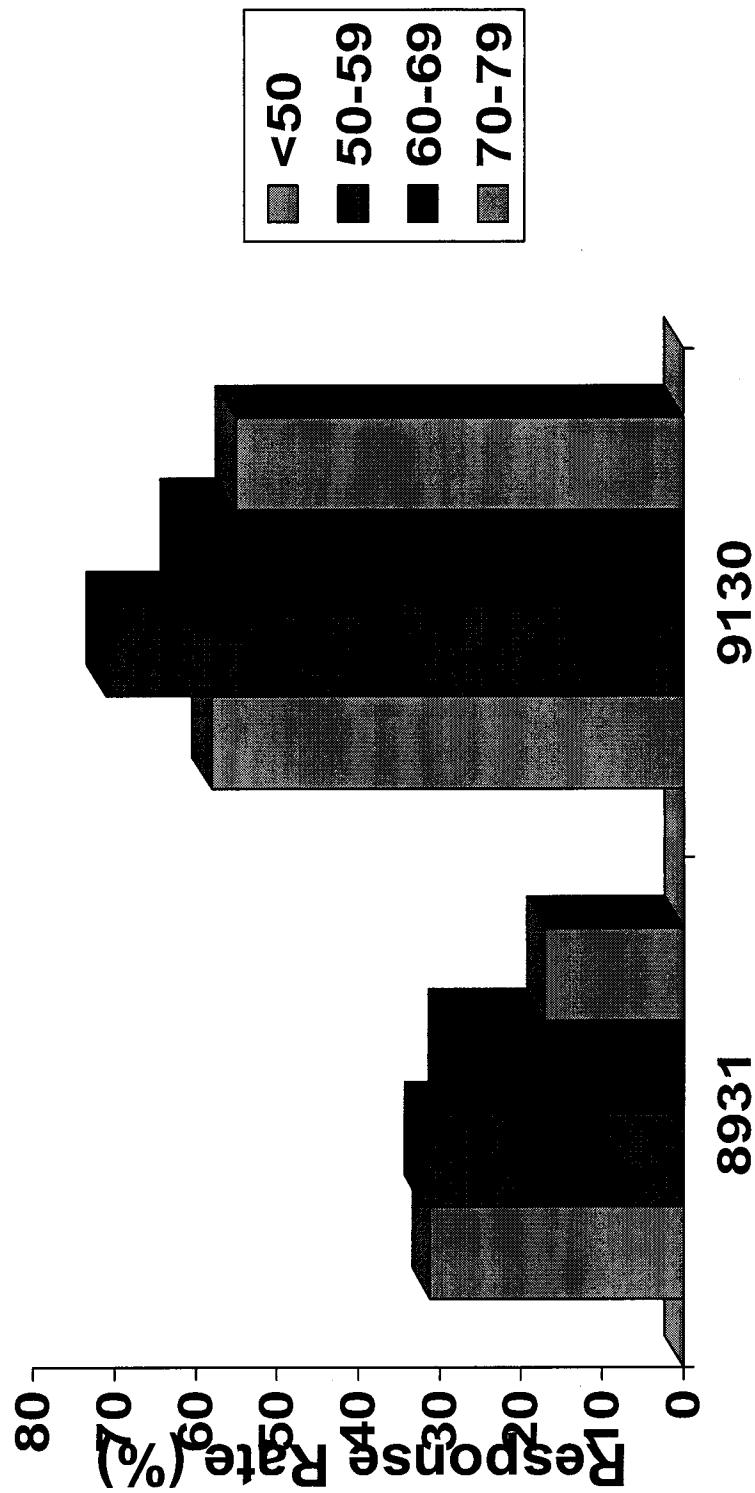
Dixon et al. *J Clin Oncol*, 1986.



Colon cancer: meta-analysis, survival based On age



Response rate by age *





Cancer and aging: specific questions

- ◆ Is the patient going to die with cancer or of cancer
- ◆ Is the patient going to live long enough to suffer of cancer
- ◆ Is the patient going to tolerate the treatment of cancer





Assessment of life expectancy and treatment tolerance

- ◆ Function
- ◆ Comorbidity
- ◆ Geriatric syndromes (dementia, depression, osteoporosis, malnutrition, etc)
- ◆ Resources

Senior Adult Oncology Program

- ◆ Created In 1994
- ◆ First in the world: a national & international model
- ◆ Continues to be the only program of its kind in Florida



Senior Adult Oncology Program

- ◆ Two full-time and three part-time physicians
- ◆ One nurse practitioner
- ◆ Three primary nurses
- ◆ One Social Worker (MSW)
- ◆ One Registered Dietitian
- ◆ One Administrator
- ◆ Two administrative assistants



Senior Adult Oncology

Achievements

- ◆ Evaluated more than 7,500 patients
- ◆ Published 220 articles
- ◆ Published three textbooks for physicians
and one textbook for nurses
- ◆ International resource for visiting
professionals learning about the program
(Italy, Switzerland, France, Netherlands,
Canada, Singapore, Germany, Spain,
Brazil, Colombia, Belgium, United States)



RESEARCH STUDIES

- ◆ Comprehensive geriatric assessment in older cancer patients: independence of comorbidity and function
- ◆ Prediction of chemotherapy-related toxicity in older cancer patients
- ◆ Fatigue and management of fatigue in older cancer patients
- ◆ Decision analysis for the use of adjuvant chemotherapy in older women with breast cancer
- ◆ Barriers to the recruitment of older cancer patients in clinical trials
- ◆ Prevention of neutropenia in older cancer patients receiving chemotherapy



Senior Adult Oncology – Ongoing Trials

- ◆ A patient navigator to help enrollment of cancer patients in clinical trials (National Institutes of Health)
- ◆ CRASH trial (American Cancer Society)
- ◆ Small grants program for development of senior research (National Institutes of Health)
- ◆ Metabolic syndromes and colon cancer (self-supported)
- ◆ Management of lung cancer in the elderly (industry funding)

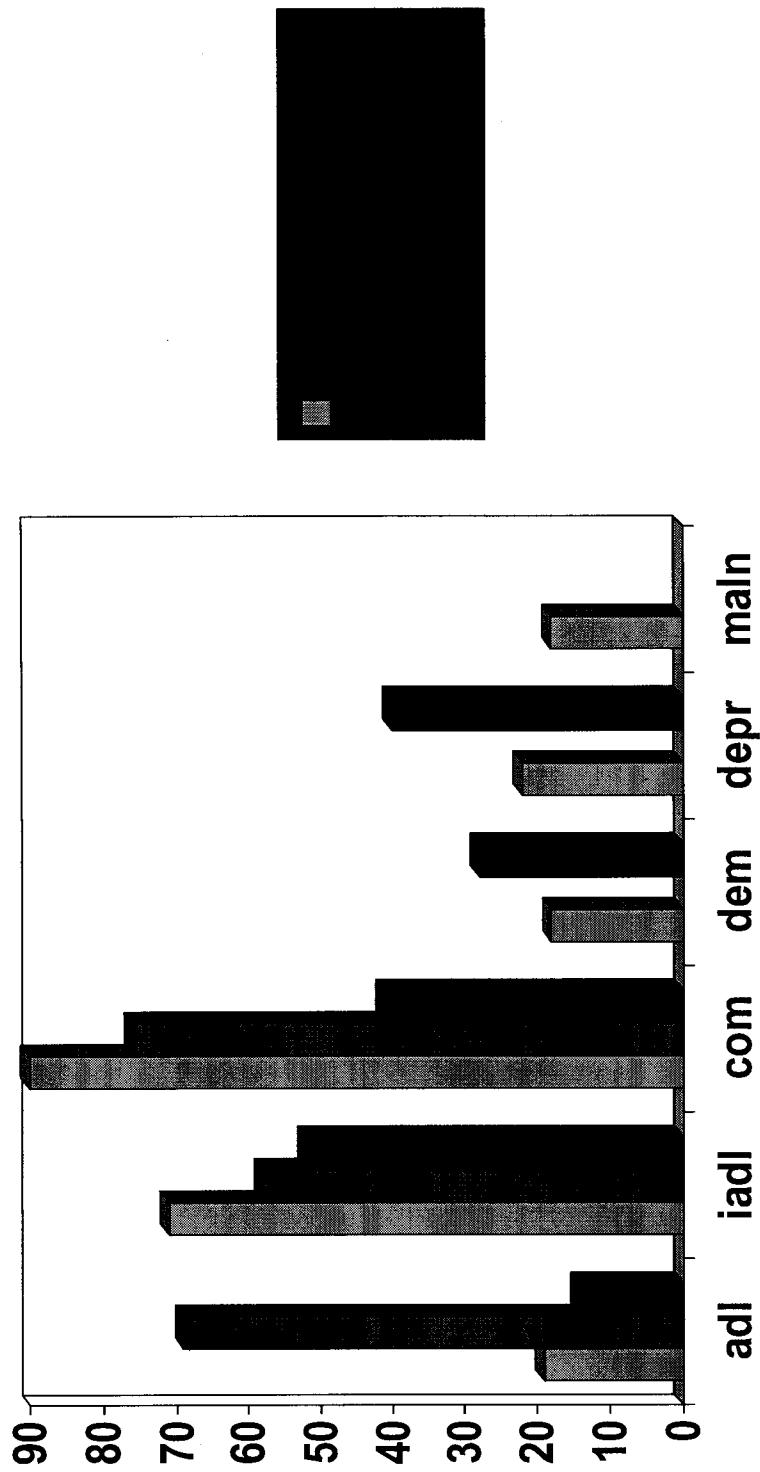




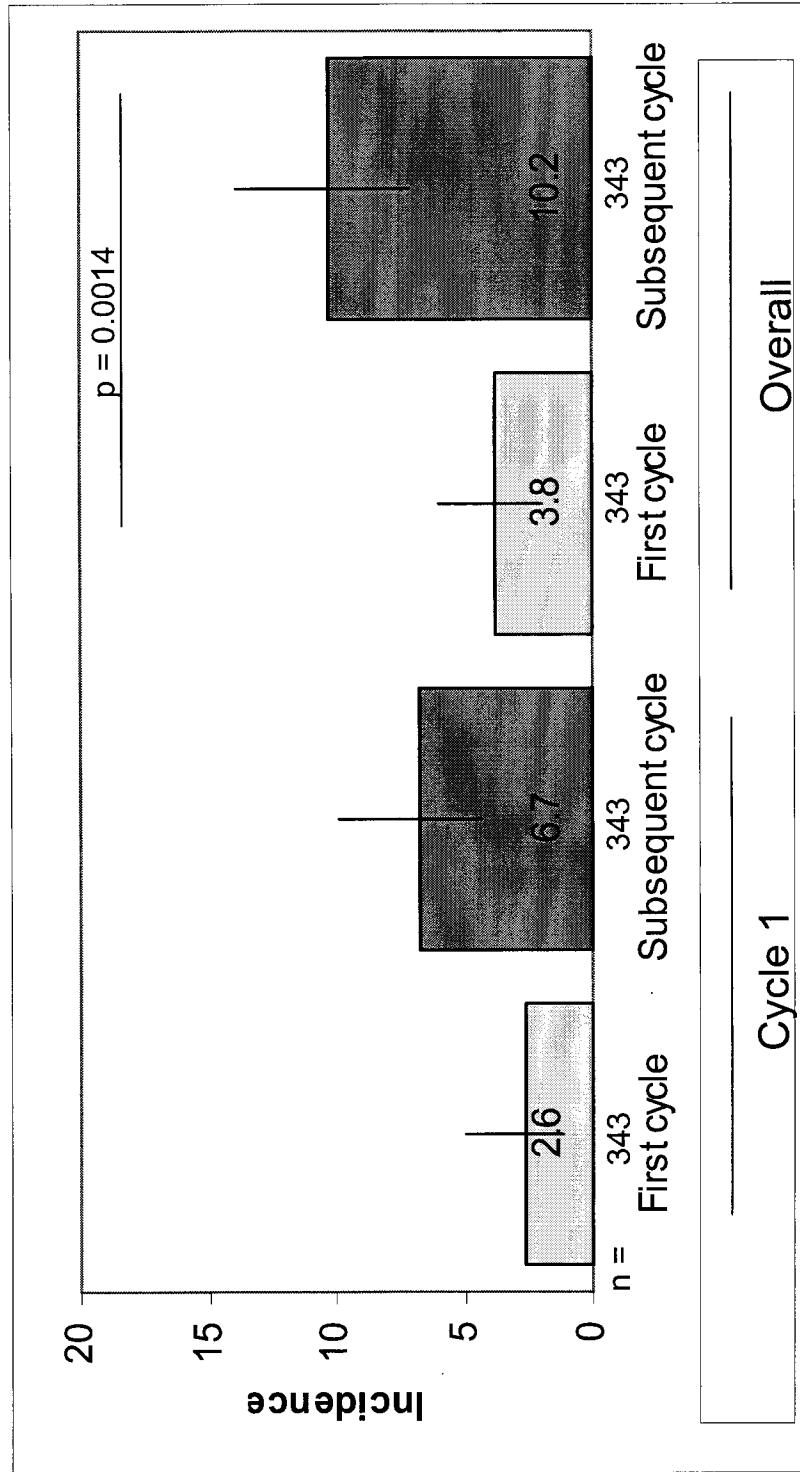
PENDING APPLICATIONS

- ◆ An index to predict benefits and risks of adjuvant chemotherapy in older individuals (National Institutes of Health)
- ◆ The value of screening older women for anemia (National Institutes of Health)
- ◆ Management of lung cancer in the older person (industry sponsored)

Geriatic assessment and detection of unexpected conditions



Incidence of Febrile Neutropenia^a



^aFebrile neutropenia is defined as ANC < $1 \times 10^9/L$ and temperature $\geq 38^\circ C$

Error bars represent 95% confidence intervals.



Joan West

Cancer Survivor



Cancer? Answers.
1-888-MOFFIT

